



Application For Membership

Once complete please return to:

Email: info@walthamforestsavers.com

or

Post: Waltham Forest Credit Union, Room 202, 313 Billet Road, E17 5PX

General Details

Mr/Mrs/Miss/Ms/Other..... * Delete As Applicable

ForenameSurname

Home Address

..... Home/Mob No.

Date of Birth National Insurance No.....

Email address:

Occupation Work Tel No

Department and location

Full Time / Part Time / Temporary * Delete As Applicable

I hereby apply for membership of and agree to abide by the rules of Waltham Forest Council Employees Credit Union. I declare that the information given by me on this form is true and correct to the best of my knowledge and belief.

Declaration

I UNDERSTAND THAT A NON-RETURNABLE MEMBERSHIP FEE OF £5 WILL BE DEDUCTED FROM MY FIRST PAYMENT INTO THE CREDIT UNION

Signature

Date

PTO.



Authorisation for Monthly Deduction

Payroll No(if applicable)

Please commence deduction of £..... per month from my wages in favour of Waltham Forest Credit Union.

Deductions are to commence from the first available pay date and shall remain in effect until such time as I give notice.

Alternatively

I do not work for LBWF, so I will set up a monthly Standing Order Online or request a S/O form to be emailed to me. Our bank details are:

Sort Code: 08-90-30
Acct No: 67069220
Reference: Name or membership number once given

Form Of Nomination

In the event of my death, I nominate the undersigned as the person to whom there shall be transferred such property in the Credit Union as may be mine at the time of death, whether in shares or otherwise.

Nominee

Mr/Mrs/Miss/MsSurname.....

Address

.....

Relationship to me:

For Office Use Only

Membership No.....

ID Date Received

Photo ID _____ Utility Bill _____ Wage Slip_____

Approved By

Date